DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-2288 (Rev. 3-03)

STATE OF WISCONSIN
Bureau of Quality Assurance

CARE LEVEL DETERMINATION WORKSHEET

(FOR NURSING FACILITIES)

Completion of this form is voluntary. Personally identifiable information will be used to determine the level of care for Medicaid reimbursement and will be used for no other purpose. Refer to the Long Term Care Resident Assessment Instrument User's Manual, for assistance when completing this form. Complete and submit this form to your Division of Disability and Elder Services Regional Office.

AA.1. Resident Name	AA.5a. Social Security Number
a. (First) b. (Middle Initial) c. (Last) d. (Jr./Sr.)	AA.5b. Medicare Number

SECTION AB 10. CONDITIONS RELATED TO MR/DD STATUS	
Not applicable - no MR/DD	a..
MR/DD with Organic Condition	
Down's Syndrome	b.
Autism	c.
Epilepsy	d.
Other organic condition related to MR/DD	e.
MR/DD with no organic condition	f.

SECTION E. MOOD AND BEHAVIOR PATTERNS

Indicators of Depression, Anxiety, Sad Mood

(Code for indicators observed in last 30 days, irrespective of the assumed cause)

0 = Indicator not exhibited in last 30 days
1 = Indicator of this type exhibited up to five days a week
2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)

a. Resident made negative statements, e.g., "Nothing matters; Would rather be dead; What's the use; regrets having lived so long; Let me die"	
d. Persistent anger with self or others, e.g., easily annoyed, anger at placement in nursing home ; anger at care received.	
h. Repetitive health complaints, e.g., persistently seeks medical attention, obsessive concern with body functions	
I. Repetitive anxious complaints/concerns (non health related), e.g., persistently seeks attention/ reassurance regarding schedules, meals, laundry, clothing, relationship issues	
n. Repetitive physical movements, e.g., pacing, hand wringing, restlessness, fidgeting, picking	

G.B. ADL SUPPORT PROVIDED
(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification.)

See (A) SELF PERFORMANCE codes See (B) SUPPORT PROVIDED codes	(A) self perf.	(B) support
a. Bed Mobility		
b. Transfer		
e. Locomotion – on unit		
f. Locomotion – off unit		
g. Dressing		
h. Eating		
I. Toilet Use		
j. Personal Hygiene		

SECTION H.2. BOWEL ELIMINATION PATTERN

Constipation	b.
Diarrhea	c.
Fecal Impaction	d.

SECTION I. DISEASE DIAGNOSES

Check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. (Do not list inactive diagnoses.)

1.DISEASES

ENDOCRINE/METABOLIC/ NUTRITIONAL		Multiple Sclerosis	w.
Diabetes mellitus	a.	Paraplegia	x.
Hyperthyroidism	b.	Parkinson's disease	y.
Hypothyroidism	c.	Quadriplegia	z.
HEART/CIRCULATION		Seizure disorder	aa.
Arteriosclerotic heart disease (ASHD)	d.	Transient ischemic attack (TIA)	bb.
Cardiac dysrhythmias	e.	Traumatic brain injury	cc.
Congestive heart failure	f.	**PSYCHIATRIC/MOOD**	
Deep vein thrombosis	g.	Anxiety disorder	dd.
Hypertension	h.	Depression	ee.
Hypotension	I.	Manic depression (bipolar disease)	ff.
Peripheral vascular disease	j.	Schizophrenia	gg.
Other cardiovascular disease	k.	**PULMONARY**	
MUSCULOSKELETAL		Asthma	hh.
Arthritis	l.	Emphysema/COPD	ii.
Hip fracture	m.	**SENSORY**	
Missing limb (e.g. amputation)	n.	Cataracts	jj.
Osteoporosis	o.	Diabetic retinopathy	kk.
Pathological bone fracture	p.	Glaucoma	ll.
NEUROLOGICAL		Macular degeneration	mm.
Alzheimer's disease	q.	**OTHER**	
Aphasia	r.	Allergies	nn.
Cerebral Palsy	s.	Anemia	oo.
Cerebrovascular accident (stroke)	t.	Cancer	pp.
		Renal Failure	qq.
Dementia other than Alzheimer's disease	u.		
Hemiplegia/Hemiparesis	v.		

PLEASE SEE OTHER SIDE

DDE-2288 (Rev. 3-03)

CARE LEVEL DETERMINATION WORKSHEET

(Page 2)

SECTION I.3. - OTHER CURRENT DIAGNOSES

a.			.		
b.			.		
c.			.		
d.			.		
e.			.		

SECTION J.1. - . PROBLEM CONDITIONS
(Check all problems present in last 7 days unless another time frame is indicated.)

Dizziness/vertigo	f.	Recurrent lung aspiration in the last 90 days	k.
Edema	g.	Shortness of breath	l.
Fever	h.	Syncope (fainting)	m.
Hallucinations	I.	Vomiting	o.
Internal bleeding	j.		

SECTION J. - PAIN SYMPTOMS

2. PAIN DAILY	

SECTION J.3. - PAIN SITE

Joint pain (other than hip)	g.

SECTION K.5. - NUTRITIONAL APPROACHES

Feeding tube	b.

SECTION P. 1a. - SPECIAL CARE

Chemotherapy	a..	Suctioning	I.
Dialysis	b.	Tracheostomy care	j.
IV Medications	c.	Transfusions	k.
Oxygen therapy	g.		
Radiation	h.		

SECTION P. 1b - THERAPIES

Record the number of days and total minutes each of the following therapies was administered (for at least 15 min./day) in the last 7 calendar days. (Enter 0 if none or less than 15 minutes daily.)
NOTE - count only post admission therapies.
(A) = # of days administered for 15 minutes or more
(B) = total # of minutes provided in last 7 days

	DAYS (A)	MIN. (B)
a. Speech - language pathology & audiology services		
b. Occupational therapy		
c. Physical therapy		
d. Respiratory therapy		
e. Psychological therapy (by any licensed mental health professional)		

SECTION M. SKIN CONDITION

1.	ULCERS (Due to any cause)	(Record the number of ulcers at each ulcer stage - regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during **last 7 days**. Code 9 = 9 or more.) **[Requires full body exam.]**	# at Stage
		a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.	
		b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister or shallow crater.	
		c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues - presents as a deep crater with or without undermining adjacent tissue.	
		d. Stage 4. A full thickness of skin and subcutaneous tissue is lost exposing muscle or bone.	

4.	OTHER SKIN PROBLEMS OR LESIONS PRESENT	**Check all that apply during last 7 days**	
		Abrasions, bruises	a.
		Burns (second or third degree)	b.
		Open lesions other than ulcers, rashes, cuts, e.g., cancer lesions.	c.
		Rashes, e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster.	d.
		Skin desensitized to pain or pressure	e.
		Skin tears or cuts (other than surgery)	f.
		Surgical wounds	g.
		NONE OF THE ABOVE	h.

COMMENTS

PERSON COMPLETING THIS FORM

SIGNATURE	Title	Date Signed